PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

32 005

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		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)		SMAL TYPE	L EI	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS			6				RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			6 _ minus 20=		* 0		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			1 minus 3 =		*O		X42	=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT)=			+280=	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	'0" in column 2			22 (OR	TOTAL	
CLAIMS AS AMENDED - PART II							TOTA	1	37.6.	BH	OTHER	THAN
		(Column 1)	(Colum		nn 2)	(Column 3)	SMA	SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X42	=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	=		OR	+280=	
								TAL			TOTAL	
(Column 1) (Column 2) (Column 3)								EE		UN	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CLAINA	=	X42	=		OR	X84=	
_	THOTTHESE	TOTALION OF MI	OLITE DEF	ENDENT	CLAIM	<u> </u>	+140	=		OR	+280=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	1	(Colur		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CLAINA	=	X42:			OR	X84=	
L							+140	=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											TOTAL	
***	If the "Highest Nu	mber Previously Pather Previously Pa	aid For" IN THI	S SPACE i	s less tha	ın 3, enter "3."			propriate box	1	ADDIT. FEE lumn 1.	